

examination with the otoscope unsatisfactory. Having detected a tremulous jelly-like mass on the tympanic membrane, he attempted its removal with an ear-scoop, but failed. A resort was then made to injections of strong soapsuds, and in the course of a few minutes a maggot crawled out far enough to be visible, and thus to determine the nature of the case. Their removal by mechanical means, without injury to the delicate membrane, was impossible, and chemical solutions strong enough to affect their vitality were deemed too hazardous to the same structure. Sweet oil or almond oil will generally float out a bug or other small insect that may stray accidentally into the meatus; but their efficiency in removing parasites that have the power of attaching themselves to animal membranes having been deemed more questionable, he resolved, finally, upon trying a solution of twenty grains of tannin in an ounce of pure glycerin. The reason for its employment was twofold, viz : first, exclusion of the air from their breathing pores by the glycerin; and, second, the probability that the irritant effect of the tannin upon the delicate surfaces of the parasites would cause such a degree of activity as would bring them within reach of the forceps. The result confirmed the anticipation, and twenty-three maggots, each three-eighths of an inch in length, were removed by a slender forceps in the course of a few minutes.

The relief was immediate and complete; in two or three hours the cerebral excitement was allayed, and the following day the patient was entirely free of all uneasiness.

Several months have elapsed without the manifestation of any injury to the ear or the sense of hearing from the accident.

*Oct. 3. Peritonitis with Disease of the Solitary and Agminated Glands in an Infant.*—DR. J. C. MORRIS exhibited a specimen of disease of the solitary and agminated glands, taken from a child eight and a half months of age who had died of peritonitis. He described the symptoms presented during life as follows :—

On last Monday week (Sept. 24) she was seized with a chill, followed by fever, with slight diarrhœa. There was some tenderness of the epigastrium, but no distension of the abdomen. The fever showed some tendency to regular remissions and exacerbations, so as to make me doubt whether I had a case of bilious fever, or of “infantile remittent” to deal with. The course of treatment pursued was the administration of mild laxatives and alkaline diaphoretics. The disease, however, did not yield, and very early on Friday morning she had a severe chill, followed by great distension of the belly and tenderness over the region of the liver. Calomel in small doses, and afterwards turpentine, were freely given, with wine whey, but she sank gradually, and expired during the next night, having vomited black grumous matter and thin blood shortly before.

DR. PACKARD having made the autopsy, the following abstract of his account of it was then given by Dr. Morris :—

*Post-mortem twelve hours after death.*—Not much emaciation; no rigor mortis; hypostatic congestion. Lungs healthy, with some hypostatic congestion; heart soft; its tissue granular under the microscope. A large quantity of rather thin, healthy pus flowed out when the abdomen was opened. Omentum much congested. Patches of yellow lymph all over upper surface of liver and opposed portion of diaphragm, and over the spleen. Gall-bladder filled with dark, viscid bile. Stomach healthy, pale, except one or two slightly injected spots near the greater extremity: a patch of diffused redness in the duodenum. About eighteen inches from the commencement of

the jejunum, there was a patch of redness with several erosions. Peyer's patches seemed somewhat thickened, and stained deep grayish-brown. Here and there in the small intestines were patches of a yellow deposit. All along the large intestine the mucous membrane was studded with small dark round spots, very much like the deposit in the patches already mentioned; they corresponded to the solitary glands, and made the membrane resemble a leopard's skin. No other change in the large intestine.

*Suspected Fracture of the Base of the Skull, attended with peculiar pathological phenomena.*—Dr. R. P. THOMAS read the following report:—

Michael —, aged 27, was admitted into the surgical ward of the Episcopal Hospital, July 27th, 1860. While in a state of partial intoxication, he pitched head-long down one of the chutes on the Richmond coal wharves, a distance of eight or ten feet, and fell upon the right malar and temporal bones. He was taken immediately to the hospital. Upon examination the ramus of the right lower jaw was found broken about midway between the angle and the condyle. There was severe contusion of the right antero-lateral part of the head, but no fracture of the bone in that region, and but little laceration of the soft parts. Blood flowed freely from the nostrils and both ears. There had been vomiting prior to admission. The patient was almost unconscious; the face covered with a clammy sweat; the pulse 90, feeble; and the skin cold. Both pupils dilated, though unequally; the right eye was open, the left closed.

*Diagnosis.*—Concussion of the brain, with a probable fracture of the base of the skull towards the left side from the contrecoup. To sustain the sinking powers, small portions of milk punch were cautiously administered from time to time for the first few hours. Reaction took place; the pulse became fuller and stronger, and the skin warm, but the intellect remained obtuse. When the reaction was established, a mixture containing one-fourth of a grain of sulphate of morphia, and three grains of extract of conium was administered every four hours with a view of controlling the brain, and preventing the development of excitement, or delirium.

This plan, with beef tea as nourishment, was continued for three days, all alcoholic stimulus being avoided. At the expiration of the period named, the patient had the control of his sphincters, and could answer questions rationally, but could neither open nor close his eyes. The oozing of blood from the ears had nearly ceased, and the dilatation of the pupils was not so great. Their inequality, however, was still manifest. Improvement in all the symptoms occurred; the fracture of the lower jaw united, and at the end of six weeks he was permitted to walk about the ward. At the present time his appetite is excellent; he sleeps all night; is entirely free from pain; and his general condition is good.

During the progress of convalescence, some singular phenomena have been manifested, which afford a pathological confirmation of the correctness of the usual anatomical descriptions of the distribution of the nerves of the face and the eyeball.

The blow that fractured the ramus on the right side, paralyzed the portio dura nerve where it passed over the jaw, as evidenced by the drawing of the mouth to the left when he laughs, by the flat and expressionless aspect of the right cheek, and his inability to close the right eyelid, which is supplied by this nerve. The right eyelid never has been closed since the time of the accident. The injury to the portio dura must have been external, because the parts supplied by its branches, arising posterior to the ramus of the jaw, are not paralyzed. It is not probable that any internal injury involv-